nation to identify your	case:	Pg 1 01 46		
Cheryl A Westall				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
nkruptcy Court for the:	EASTERN DISTRICT O	OF MISSOURI		
16-48835				
				☐ Check if this is an amended filing
	Cheryl A Westall First Name First Name  nkruptcy Court for the:	First Name Middle Name  First Name Middle Name  nkruptcy Court for the: EASTERN DISTRICT (	Cheryl A Westall First Name Middle Name Last Name  First Name Middle Name Last Name  Akruptcy Court for the: EASTERN DISTRICT OF MISSOURI	Cheryl A Westall First Name Middle Name Last Name  First Name Middle Name Last Name  hkruptcy Court for the: EASTERN DISTRICT OF MISSOURI

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	182,900.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,724.34
	1c. Copy line 63, Total of all property on Schedule A/B	\$	211,624.34
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	123,565.04
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,493.61
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	11,163.50
	Your total liabilities	\$	137,222.15
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,756.33
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,603.69
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Cheryl A Westall Pg 2 of 46<sub>Case number (if known)</sub> 16-48835

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,888.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,493.61
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	2,493.61

Ousc	, 10 40000	500 12 T III	JU 12	Pa 3-at 46	10.20.30	Within	Document
Fill in this info	ormation to identify	your case and th	is filin	g: Pg 3 01 46			
Debtor 1	Cheryl A We	stall					
	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
	2 l	4h	DICTO	ICT OF MICCOURT			
United States i	Bankruptcy Court for	the: EASTERN	אופוט	ICT OF MISSOURI			
Case number	16-48835						☐ Check if this is an
							amended filing
Official F	orm 106A/B						
Schedu	ile A/B: Pr	operty					12/15
			an acco	t only once. If an asset fits in more than o	ne category list	the asset in	the category where you
Part 1: Describ		uilding, Land, or Ot	her Rea	I Estate You Own or Have an Interest In			
l. Do you own o	r have any legal or eq	uitable interest in a	ny resid	dence, building, land, or similar property?			
☐ No. Go to F	Part 2.						
_	e is the property?						
■ Yes. When	e is the property?						
1.1			Wha	t is the property? Check all that apply			
211 Wes	st Old Watson Ro	ad		Single-family home	Do not deduc	ct secured cla	aims or exemptions. Put
Street address	ss, if available, or other des	cription	_	- Duploy or multi upit building	the amount of	of any secure	d claims on Schedule D:
				Condominium or cooperative	Creditors Wr	io nave Ciair	ns Secured by Property.
			П	Manufactured or mobile home			
Saint Lo	ouis MO	63119-0000	_		Current valuentire prope		Current value of the portion you own?
City	State	ZIP Code			• • •	2,900.00	\$182,900.00
				Timeshare	Describe the	nature of v	our ownership interest
					_ (such as fee	simple, ten	ancy by the entireties, or
			Who	has an interest in the property? Check one	a life estate) Fee Simp	-	
Saint Lo	uie			Debtor 1 only	1 ee onnp		
County	,ui3						
,					☐ Check i		munity property
				er information you wish to add about this it	•	,	
				perty identification number:	,		
				your entries from Part 1, including ar er here		,	\$182,900.00
		. a.t ii wiite tilat			=		<u> </u>
Describ	oe Your Vehicles						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 16-48835 Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Main Document Pq 4 of 46 Case number (if known) 16-48835 Debtor 1 Cheryl A Westall 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Nissan Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **Altima** ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 1999 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 210,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Location: 211 West Old Watson \$725.00 \$725.00 Road, Saint Louis MO 63119 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$725.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture: Table, 4 Chairs, Living Room Set, 2 Bedroom Sets \$500.00 Location: 211 West Old Watson Road, Saint Louis MO 63119 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Yes. Describe..... **Electronics: Television, Laptop** \$100.00 Location: 211 West Old Watson Road, Saint Louis MO 63119 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

musical instruments

■ No

☐ Yes. Describe.....

Case 16-48835 Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Main Document

Debtor 1 Cheryl A Westall Pg 5 of 46 Case number (if known) 16-48835

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

		17.1.	Checking	Bank of America	\$900.00
				punts; certificates of deposit; shares in credit unions, bross with the same institution, list each.  Institution name:	kerage houses, and other similar
	Deposits of money				korago bourge, and other similar
	Cash Examples: Money you h ■ No □ Yes	·	•	ome, in a safe deposit box, and on hand when you file yo	our petition
Do	o you own or have any le	egal or e	quitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	rt 4: Describe Your Finance				
15				art 3, including any entries for pages you have attac	shed \$1,100.00
	■ No □ Yes. Give specific info	ormation.			
14.	☐ Yes. Describe  Any other personal and	d housel	nold items you did	not already list, including any health aids you did no	ot list
	Examples: Dogs, cats, I  ■ No	uilus, 1101	<b>১</b> ೮১		
13.	Non-farm animals	hirda ha			
				rls, 2 Native American Rings, Bracelet d Watson Road, Saint Louis MO 63119	\$200.00
12.	Jewelry Examples: Everyday jev □ No ■ Yes. Describe	welry, cos	stume jewelry, engaç	gement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
			ng & Shoes on: 211 West Old	d Watson Road, Saint Louis MO 63119	\$300.00
	■ Yes. Describe				
11.	Clothes  Examples: Everyday clo  □ No	othes, fur	s, leather coats, des	signer wear, shoes, accessories	
	Yes. Describe				
10.	Firearms  Examples: Pistols, rifles  ■ No	s, shotgur	ns, ammunition, and	related equipment	

Official Form 106A/B Schedule A/B: Property page 3

Pq 6 of 46 Case number (if known) 16-48835 Debtor 1 Cheryl A Westall 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☐ No Institution or issuer name: ■ Yes..... Stock: Ameren \$2,500,00 **Financial Account: John Hancock Investments** \$4,280.06 **Financial Account: Edward Jones** \$5,171.70 **Financial Account: American Funds** \$487.58 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Roth IRA **Edward Jones** \$3.535.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

Case 16-48835 Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Main Document Pg 7 of 46 Case number (if known) 16-48835 Debtor 1 Cheryl A Westall 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Beneficiary: Company name: Surrender or refund value: State Farm Life Insurance Company: UNK \$10,000.00 **Modified Whole Life WPD** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because

someone has died.

No

☐ Yes. Give specific information...

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$26,899.34

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Official Form 106A/B Schedule A/B: Property

Debto	r 1 Cheryl A Westall	F y 0 01 40	Case number (if known)	16-48835
ΠY	es. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related P If you own or have an interest in farmland, list it in Part 1.	Property You Own or Have an Intere	st In.	
6. <b>D</b> o	o you own or have any legal or equitable interest in	any farm- or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interes	t in That You Did Not List Above		
	you have other property of any kind you did not a	already list?		
	xamples: Season tickets, country club membership			
	No Yes. Give specific information			
ш	res. Give specific information			
54. <i>I</i>	Add the dollar value of all of your entries from Part	7. Write that number here		\$0.00
	<u></u>		L	
Part 8	List the Totals of Each Part of this Form			
55. <b>F</b>	Part 1: Total real estate, line 2			\$182,900.00
56. <b>F</b>	Part 2: Total vehicles, line 5	\$725.00		· · ·
57. <b>F</b>	Part 3: Total personal and household items, line 15	\$1,100.00		
58. <b>F</b>	Part 4: Total financial assets, line 36	\$26,899.34		
59. <b>F</b>	Part 5: Total business-related property, line 45	\$0.00		
60. <b>F</b>	Part 6: Total farm- and fishing-related property, line	\$52 \$0.00		
61. <b>F</b>	Part 7: Total other property not listed, line 54	+ \$0.00		
62. <b>1</b>	Total personal property. Add lines 56 through 61	\$28,724.34	Copy personal property to	tal <b>\$28,724.34</b>

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$211,624.34

Fill in this infor	mation to identify your	case:		
Debtor 1	Cheryl A Westall			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF MISSOURI	
Case number	16-48835			
(if known)	10 4000			Check if this is an amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	ount of the exemption you claim	Specific laws that allow exemption
1999 Nissan Altima 210,000 miles Location: 211 West Old Watson	\$725.00	\$725.00	RSMo § 513.430.1(5)
Road, Saint Louis MO 63119 Line from Schedule A/B: 3.1		100% of fair market value, up to any applicable statutory limit	
Furniture: Table, 4 Chairs, Living Room Set, 2 Bedroom Sets	\$500.00	\$500.00	RSMo § 513.430.1(1)
Location: 211 West Old Watson Road, Saint Louis MO 63119 Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	
Electronics: Television, Laptop Location: 211 West Old Watson	\$100.00	\$100.00	RSMo § 513.430.1(1)
Road, Saint Louis MO 63119 Line from Schedule A/B: 7.1		100% of fair market value, up to any applicable statutory limit	
Clothing & Shoes Location: 211 West Old Watson	\$300.00	\$300.00	RSMo § 513.430.1(1)
Road, Saint Louis MO 63119 Line from Schedule A/B: 11.1		100% of fair market value, up to any applicable statutory limit	
Jewelry: Strand of Pearls, 2 Native American Rings, Bracelet	\$200.00	\$200.00	RSMo § 513.430.1(2)
Location: 211 West Old Watson Road, Saint Louis MO 63119 Line from Schedule A/B: 12.1		100% of fair market value, up to any applicable statutory limit	

Case 16-48835 Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Main Document Pg 10 of 46 Case number (if known) 16-48835

	oner yr A Wootan		_	0400 (11411001)	10 70000
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Checking: Bank of America Line from Schedule A/B: 17.1	\$900.00		\$600.00	RSMo § 513.430.1(3)
	Line IIIII Schedule PAD. 17.1			100% of fair market value, up to any applicable statutory limit	
	Roth IRA: Edward Jones Line from Schedule A/B: 21.1	\$3,535.00		\$3,535.00	RSMo § 513.430.1(10)(f)
	Line Holli Schedule AVD. 2111			100% of fair market value, up to any applicable statutory limit	
	State Farm Life Insurance Company: Modified Whole Life WPD	\$10,000.00		\$10,000.00	RSMo § 513.430.1(7)
	Beneficiary: UNK Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	No				
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Fill in this information to identify	Pg 11 of 4	6		
Fill in this information to identify you	r case:			
Debtor 1 Cheryl A Westa				
First Name  Debtor 2	Middle Name Last Name			
(Spouse if, filing) First Name	Middle Name Last Name	1	-	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI			
			-	
Case number 16-48835				
(if known)				if this is an
<u> </u>			amend	led filing
Official Form 106D				
	Who Have Claims Secur	ed by Propert	V	12/15
Seriedate B. Greatters	Wile Have claims seedi	ca by 1 Topert	<u> </u>	12/13
	If two married people are filing together, both are out, number the entries, and attach it to this forn			
1. Do any creditors have claims secured by	your property?			
☐ No. Check this box and submit the	nis form to the court with your other schedules	s. You have nothing else t	o report on this form.	
Yes. Fill in all of the information	•	<b>3</b>		
	Delow.			
Part 1: List All Secured Claims		. Column A	Column B	Column C
	nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2.	ately	Value of collateral	Unsecured
much as possible, list the claims in alphabetic		Do not deduct the	that supports this	portion
2.1 Midland Funding LLC	Describe the property that secures the claim:	value of collateral. \$6,673.78	claim \$182,900.00	If any <b>\$0.00</b>
Creditor's Name	211 West Old Watson Road Saint	70,000		
c/o Irwin Frankel	Louis, MO 63119 Saint Louis			
9300 Dielman Industrial Drive	County			
Suite 100	As of the date you file, the claim is: Check all that apply.	İ		
Saint Louis, MO 63132	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or car loan)	r secured		
Debtor 2 only	<b>-</b>			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	n)		
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
•				
Date debt was incurred 7/212	Last 4 digits of account number 596	51		
2.2 MO Department of Revenue	Describe the property that secures the claim:	\$2,493.31	\$182,900.00	\$0.00
Creditor's Name	211 West Old Watson Road Saint	1		
	Louis, MO 63119 Saint Louis			
Taxation Division	County			
PO Box 3800	As of the date you file, the claim is: Check all that apply.	<u> </u>		
Jefferson City, MO 65105	☐ Contingent			
Number, Street, City, State & Zip Code	□ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage of	r secured		
Debtor 2 only	car loan) 			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	n)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit	v Lien		
☐ Check if this claim relates to a community debt	Other (including a right to offset) 2007 Ta	x Lien		

Official Form 106D

Debtor 1 Cheryl A Westall			Case number (if know)	16-48835	
First Name Midd	dle Name Last Name	_			
Date debt was incurred 8/12/16	Last 4 digits of account num	nber 3901			
	<del></del>				
2.3 MTGLQ Investors, L.P.	Describe the property that secures	the claim:	\$114,397.95	\$182,900.00	\$0.00
Creditor's Name	211 West Old Watson Road	Saint			
c/o Shellpoint Mortgage Serv	Louis, MO 63119 Saint Lou County	is			
PO Box 10826	As of the date you file, the claim is:	Check all that			
Greenville, SC	apply.				
29603-0826	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as	mortgage or se	cured		
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and anoth	er  U Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage			
Date debt was incurred	Last 4 digits of account num	nber <u>1348</u>			
If this is the last page of your form, Write that number here:  Part 2: List Others to Be Notified Use this page only if you have others	in Column A on this page. Write that nun add the dollar value totals from all pages d for a Debt That You Already Listed to be notified about your bankruptcy for	d a debt that you		or example, if a collection	
	ou owe to someone else, list the creditor that you listed in Part 1, list the additional it this page.				
Name, Number, Street, City, Stat	e & Zip Code	On whi	ich line in Part 1 did you ent	er the creditor? 2.1	
9300 Dielman Industrial Suite 100 Saint Louis, MO 63132	Drive	Last 4	digits of account number	-	
Name, Number, Street, City, Stat	e & Zip Code	On whi	ich line in Part 1 did you ent	er the creditor? 2.2	
PO Box 854 Jefferson City, MO 6510	5	Last 4	digits of account number _\$	9856_	
Name, Number, Street, City, Stat SouthLaw, PC	e & Zip Code	On whi	ich line in Part 1 did you ent	er the creditor? 2.3	
13160 Foster Suite 100 Overland Park, KS 66213	3	Last 4	digits of account number	5 <u>214</u>	

Fill in this information to identify your case:	Pg 13 of 46			
Debtor 1 Cheryl A Westall				
	ddle Name Last Name			
Debtor 2				
(Spouse if, filing) First Name Mi	ddle Name Last Name			
United States Bankruptcy Court for the: EASTE	RN DISTRICT OF MISSOURI			
Case number 16-48835				
(if known)				Check if this is an
			а	mended filing
Official Form 106E/F				
Schedule E/F: Creditors Who Ha	ave Unsecured Claims			12/15
Schedule G: Executory Contracts and Unexpired Leas Schedule D: Creditors Who Have Claims Secured by P left. Attach the Continuation Page to this page. If you have and case number (if known).	roperty. If more space is needed, copy the Pa nave no information to report in a Part, do no	art you need, fill it out, r	number the en	tries in the boxes on the
Part 1: List All of Your PRIORITY Unsecured	Claims			
Do any creditors have priority unsecured claims a	against you?			
<ol> <li>Do any creditors have priority unsecured claims a</li> <li>No. Go to Part 2.</li> </ol>	against you?			
	against you?			
☐ No. Go to Part 2.	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here og to the creditor's name. If you have more than	e and show both priority a	nd nonpriority a	amounts. As much as
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both pripossible, list the claims in alphabetical order according</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than iim, list the other creditors in Part 3.	e and show both priority a two priority unsecured cla	nd nonpriority a aims, fill out the	amounts. As much as Continuation Page of
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priopossible, list the claims in alphabetical order accordined to the priority of the priority of the priority was a particular claim.</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than iim, list the other creditors in Part 3.	e and show both priority a two priority unsecured cla	nd nonpriority a	amounts. As much as
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both pripossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim. (For an explanation of each type of claim, see the insulant lines.)</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than iim, list the other creditors in Part 3.	e and show both priority a two priority unsecured cla	nd nonpriority a aims, fill out the Priority amount	amounts. As much as Continuation Page of  Nonpriority
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both prip possible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular cla (For an explanation of each type of claim, see the ins</li> <li>IRS</li> <li>Priority Creditor's Name</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number	e and show both priority at two priority unsecured cla Total claim	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priopossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the insecurity of the priority Creditor's Name PO Box 7346</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than ilm, list the other creditors in Part 3. tructions for this form in the instruction booklet.)	e and show both priority at two priority unsecured cla Total claim	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both pripossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the insecurity of the priority Creditor's Name</li> </ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here ig to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.  ■ Yes.  2. List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both price possible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the ins  2.1  IRS  Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here go to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priopossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the insecurity of the priority Creditor's Name</li></ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here g to the creditor's name. If you have more than iim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Checker is the claim is: Checker in the claim is	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
<ul> <li>No. Go to Part 2.</li> <li>Yes.</li> <li>List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priopossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the insecurity of the priority Creditor's Name</li></ul>	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here g to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.  Yes.  Ist all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priepossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the ins  IRS  Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State Zlp Code Who incurred the debt? Check one.  □ Debtor 1 only	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here go to the creditor's name. If you have more than aim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Checkled Contingent  Unliquidated	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.      Yes.  1. List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both priopossible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the insecurity Priority Creditor's Name     Po Box 7346     Philadelphia, PA 19101     Number Street City State Zlp Code     Who incurred the debt? Check one.      □ Debtor 1 only     □ Debtor 2 only	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here go to the creditor's name. If you have more than iim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Checkled Contingent  Unliquidated  Disputed	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.      Yes.  2. List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both pring possible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular claim (For an explanation of each type of claim, see the ins  2.1  IRS  Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State Zlp Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	itor has more than one priority unsecured claim, ority and nonpriority amounts, list that claim here g to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim:	Total claim \$0.00	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both price possible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular classification (For an explanation of each type of claim, see the ins  2.1 IRS  Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State ZIp Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	itor has more than one priority unsecured claim, prity and nonpriority amounts, list that claim here to the creditor's name. If you have more than aim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations	Total claim  **So.00**  **Read that apply**  The government**	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount
No. Go to Part 2.     Yes.  2. List all of your priority unsecured claims. If a credidentify what type of claim it is. If a claim has both price possible, list the claims in alphabetical order accordine Part 1. If more than one creditor holds a particular claims in alphabetical order accordine Part 1. If more than one creditor holds a particular claims.  [For an explanation of each type of claim, see the insecurity Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State Zlp Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	itor has more than one priority unsecured claim, brity and nonpriority amounts, list that claim here go to the creditor's name. If you have more than lim, list the other creditors in Part 3.  tructions for this form in the instruction booklet.)  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the	Total claim  **So.00**  **Read that apply**  The government**	nd nonpriority a aims, fill out the Priority amount	Nonpriority amount

Pg 14 of 46 Case number (if know) 16-48835 Debtor 1 Cheryl A Westall 2.2 **MO Department of Revenue** Last 4 digits of account number \$2,493,61 \$0.00 \$2,493,61 Priority Creditor's Name 301 W High Street 2007 When was the debt incurred? PO Box 475 Jefferson City, MO 65101 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other, Specify ☐ Yes **Income Taxes** Office of the United States \$0.00 \$0.00 \$0.00 2.3 Last 4 digits of account number Trustee Priority Creditor's Name 111 South Tenth Street When was the debt incurred? Suite 6.353 Saint Louis, MO 63102 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government  $\hfill\square$  Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Notice Only** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Total claim

Part 2.

Pg 15 of 46 Case number (if know) Debtor 1 Cheryl A Westall 16-48835 4.1 Citibank Last 4 digits of account number 6374 \$9.806.74 Nonpriority Creditor's Name c/o David Gamache When was the debt incurred? 2/2001 1000 Camera Avenue Suite A Saint Louis, MO 63126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Default Judgment** ☐ Yes Other. Specify 4.2 CitiMortgage Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? PO Box 140609 Irving, TX 75014 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.3 Mercy St. Johns Medical Center Last 4 digits of account number 2460 \$184.65 Nonpriority Creditor's Name PO Box 505023 04/27/2015 When was the debt incurred? Saint Louis, MO 63150 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Medical

Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Case 16-48835 Main Document

Pg 16 of 46 Case number (if know) 16-48835 Debtor 1 Cheryl A Westall 4.4 **RAC Trust** Last 4 digits of account number \$1,172.11 Nonpriority Creditor's Name c/o Resurgent Capital Services When was the debt incurred? 2014 PO Box 10369 Greenville, SC 29603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Amcol Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 21625 ■ Part 2: Creditors with Nonpriority Unsecured Claims 111 Lancewood Roac Columbia, SC 29210 Last 4 digits of account number 7143

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,493.61
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,493.61
				T	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	11,163.50
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	11,163.50

Fill in this infor	mation to identify your	case:			
Debtor 1	Cheryl A Westall				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	DF MISSOURI		
Case number	16-48835				
(if known)					Check if this is an amended filing

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
2.0	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5	Oity		Otate	Zii Gode	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

C	ase 10-40033	DUC 14	2 FII <del>C</del> U 12/2//		21/10 10.20.30	Main Document
Fill in thi	s information to iden	tify your ca	se:	Pg 18 of 46		
Debtor 1	Cheryl A	Westall				
	First Name		Middle Name	Last Name		
Debtor 2 (Spouse if, fi	iling) First Name		Middle Name	Last Name		
United St	ates Bankruptcy Court	for the:	EASTERN DISTRICT (	OF MISSOURI		
		_				
Case nun (if known)	nber <u>16-48835</u>					☐ Check if this is an
						amended filing
Officia	al Form 106H	Ī				
			-1-4-			
Sche	dule H: Your	Code	otors			12/15
fill it out, your nam	and number the entri e and case number (i	es in the bo f known). A	xes on the left. Attac nswer every question	h the Additional Page to	o this page. On the top	eded, copy the Additional Page, of any Additional Pages, write
		` •		·		
■ No						
					• (0 )	
				roperty state or territory uerto Rico, Texas, Washii		states and territories include
■ No	o. Go to line 3.					
☐ Ye	es. Did your spouse, fo	rmer spouse	, or legal equivalent liv	re with you at the time?		
in lin Form	e 2 again as a codeb	tor only if th	nat person is a guara	ntor or cosigner. Make s	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your code Name, Number, Street, City,		ode		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
3.1					☐ Schedule D, line	
[311]	Name				□ Schedule E/F, lin	 ne
					☐ Schedule G, line	
	Number Street		State	ZID Codo	_	
	City	,	State	ZIP Code		
3.2					☐ Schedule D, line	
J.Z	Name				_ ☐ Schedule E/F, lin	
					☐ Schedule G, line	
	Number Street				_	
	City	:	State	ZIP Code		

E	in this information to identify your o												
	in this information to identify your cater.1												
	cheryl A We	Stall			_								
	otor 2				_								
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MISSOURI										
	se number <b>16-48835</b>					Che	ck if this is	3:					
(If kn	own)						An amend		•	9			
							A supplem 3 income						cnapter
<u>O</u> 1	ficial Form 106I					Ī	MM / DD/	ΥΥ	ΥΥ				
So	chedule I: Your Inc	ome											12/1
spoi	olying correct information. If you use. If you are separated and you ch a separate sheet to this form.   Describe Employment	r spouse is not filing wit	th you, do not include	infor	nati	on abou	t your sp	ou	se. I	lf mo	ore spac	e is n	eeded,
1.	Fill in your employment information.		Debtor 1				Debtor	2 c	or no	on-fi	iling spo	use	
	If you have more than one job,	Employment status	■ Employed				☐ Emp	loy	ed				
	attach a separate page with information about additional	Employment status	☐ Not employed	t employed			□ Not €	emp	oloy	ed			
	employers.	Occupation	Self-Employed										
	Include part-time, seasonal, or self-employed work.	Employer's name											
	Occupation may include student or homemaker, if it applies.	Employer's address											
		How long employed th	nere?				_						
Par	t 2: Give Details About Mor	thly Income											
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	ou have nothing to rep	ort for	any	line, writ	e \$0 in the	e sp	sace	e. Ind	clude you	ır non	-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		mbine the information	for all e	mpl	oyers for	that pers	on	on t	he li	nes belov	w. If y	ou need
						For De	btor 1				btor 2 or ing spou		
2.	List monthly gross wages, saladeductions). If not paid monthly, of			2.	\$		0.00	_	\$_		1	N/A	
3.	Estimate and list monthly overt	me pay.		3.	+\$		0.00	-	+\$		1	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$		0.00		\$	;	N/A	4	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Cheryl A Westall	-	С	ase number (if kn	own)	16-4	18835		
					For Debtor 1			Debtor		
	Cop	y line 4 here	4.		\$ 0	.00	\$	i-illilig s	N/A	l
5.	List	all payroll deductions:								-
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		: — <u> </u>	.00	\$-		N/A	-
	5d.	Required repayments of retirement fund loans	5d.		·	.00	\$		N/A	-
	5e.	Insurance	5e.			.00	\$		N/A	-
	5f.	Domestic support obligations	5f.		·	.00	\$		N/A	-
	5g.	Union dues	5g.		·	.00	\$		N/A	-
	5h.	Other deductions. Specify:	5h.			.00	+ \$ _		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$ 0	.00	\$		N/A	-
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$ 0	.00	\$_		N/A	-
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 2,048	.00	\$		N/A	
	8b.	Interest and dividends	8b.			.33	\$-		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				.00	\$		N/A	-
	8d.	Unemployment compensation	8d.			.00	\$		N/A	-
	8e.	Social Security	8e.			.00	\$		N/A	-
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8f. 8g.			.00	\$_ \$_		N/A N/A	-
	8h.	Other monthly income. Specify: Roommate Contribution	8h.			.00	· -		N/A	-
	· · · ·	Troominate Contribution		· ·					14/74	- ¬
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,756	.33	\$_		N/A	<u>\</u>
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	2,756.33	+ \$		N/A	= \$	2,756.33
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,	L				,
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00									
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						e. 12.	\$	
13	Do	you expect an increase or decrease within the year after you file this form	?						monthl	y income
. 0.		No.	•							
		Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

<b>-</b>						i		
	n this informa	tion to identify yo	our case:					
Debt	tor 1	Cheryl A We	stall				if this is:	
Debt	tor 2					_	in amended filing	ving postpetition chapter
	use, if filing)							the following date:
Unite	ed States Bankı	ruptcy Court for the	: EASTE	RN DISTRICT OF MISSOU	JRI		MM / DD / YYYY	
Case	e number 16	6-48835						
	nown)	J-40033						
	ficial Ec	orm 106J				ļ		
			<del></del>					
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Part	1 Desci	ribe Your House	hold					
1.	Is this a joir		illoiu					
	■ No. Go to		in a aanam	ete haveahald?				
			ın a separ	ate household?				
	□ N □ Y	-	st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
								□ Yes □ No
								☐ Yes
3.		oenses include		No				00
		f people other t d your depende	han $_{\square}$	Yes				
	yoursen an	a your depende	IIIS f					
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expense	es naid for with	non-cash	government assistance i	f vou know			
the	value of suc	h assistance an	d have inc	cluded it on Schedule I: Y	our Income		V	
(Off	icial Form 10	)6I.)					Your exp	enses
4.	The rental o	or home owners	hin evner	ses for your residence.	nclude first mortgage	<b>a</b>		
4.		nd any rent for th			ncidde inst mortgage	4. \$		938.69
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	4c. Home	maintenance, re	pair, and u	ıpkeep expenses		4c. \$		50.00
_		owner's associat				4d. \$		0.00
5.	Additional r	mortgage payme	ents for yo	<b>our residence,</b> such as ho	me equity loans	5. \$		0.00

Debtor	r1 Cheryl	A Westall	Case num	ber (if known)	16-48835
6. <b>U</b>	Jtilities:				
6	a. Electricity	y, heat, natural gas	6a.	\$	0.00
6	6b. Water, se	ewer, garbage collection	6b.	\$	0.00
6		ne, cell phone, Internet, satellite, and cable services	6c.	\$	80.00
6	d. Other. Sp	pecify:	6d.	\$	0.00
. F		sekeeping supplies	7.	\$	200.00
		children's education costs	8.	\$	0.00
		dry, and dry cleaning	9.	\$	25.00
0. <b>P</b>	Personal care	products and services	10.	\$	35.00
		ental expenses	11.	\$	30.00
		1. Include gas, maintenance, bus or train fare.		•	
	Do not include		12.	\$	160.00
3. <b>E</b>	Entertainment	, clubs, recreation, newspapers, magazines, and boo	ks 13.	\$	25.00
4. <b>C</b>	Charitable con	ntributions and religious donations	14.	\$	0.00
5. <b>Ir</b>	nsurance.			<del></del>	
D	Do not include i	insurance deducted from your pay or included in lines 4 of	r 20.		
	5a. Life insur		15a.		0.00
	5b. Health in		15b.		0.00
1	5c. Vehicle in	nsurance	15c.	\$	60.00
1	5d. Other ins	surance. Specify:	15d.	\$	0.00
		include taxes deducted from your pay or included in lines	4 or 20.		
	Specify:		16.	\$	0.00
		lease payments:			
		nents for Vehicle 1	17a.		0.00
		nents for Vehicle 2	17b.	·	0.00
	7c. Other. Sp	-		·	0.00
	7d. Other. Sp		17d.	\$	0.00
		s of alimony, maintenance, and support that you did		<b>c</b>	0.00
		your pay on line 5, Schedule I, Your Income (Official		\$	
		ts you make to support others who do not live with y		\$	0.00
	Specify:		19.		
		perty expenses not included in lines 4 or 5 of this for			0.00
		es on other property	20a.	·	0.00
	20b. Real esta		20b.	·	0.00
	, ,	, homeowner's, or renter's insurance	20c.		0.00
		ance, repair, and upkeep expenses	20d.	*	0.00
		ner's association or condominium dues	20e.	·	0.00
ı. <b>o</b>	Other: Specify:		21.	_+\$	0.00
2 C	Calculate vour	monthly expenses			
	22a. Add lines			\$	1,603.69
		22 (monthly expenses for Debtor 2), if any, from Official F	orm 106.I-2	\$	1,003.03
			01111 1000 2	·	4 000 00
2.	zzc. Add line zz	2a and 22b. The result is your monthly expenses.		\$	1,603.69
3. <b>C</b>	Calculate your	monthly net income.			
		e 12 (your combined monthly income) from Schedule I.	23a.	\$	2,756.33
		ur monthly expenses from line 22c above.	23b.	-\$	1,603.69
	,,,,	•		·	
2	23c. Subtract	your monthly expenses from your monthly income.			4.450.04
		It is your monthly net income.	23c.	\$	1,152.64
		t an increase or decrease in your expenses within the you expect to finish paying for your car loan within the year or do			ease or decrease because of a
		e terms of your mortgage?	. , ,		
	No.				

Fill in this informa	tion to identify your	case:			
Debtor 1	Cheryl A Westall				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	EASTERN DISTRICT (	OF MISSOURI		
Case number 16 (if known)	-48835				☐ Check if this is an amended filing
Official Form  Declaration		ın Individual	l Debtor's So	chedules	12/15
f two married peop	ple are filing togethe	r, both are equally respo	onsible for supplying co	rect information.	
obtaining money o		n connection with a ban			ement, concealing property, or 00, or imprisonment for up to 20
Sign E	Below				
Did you pay o	or agree to pay some	one who is NOT an atto	rney to help you fill out l	bankruptcy forms?	
■ No					
☐ Yes. Na	me of person				okruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	of perjury, I declare rue and correct.	that I have read the sun	nmary and schedules file	ed with this declaration	on and
X /s/ Chery	I A Westall		X		
Cheryl A			Signature of	Debtor 2	

Date

Date December 23, 2016

Fill in	this infor	mation to identify you	r case:			
Debtoi		Cheryl A Westal				
Dobto	•	First Name	Middle Name	Last Name		
Debtoi (Spouse		First Name	Middle Name	Last Name		
United	States B	ankruptcy Court for the:	EASTERN DISTRICT OF	MISSOURI		
Case r	number	16-48835			-	check if this is an mended filing
Stat	emen			duals Filing for B	ankruptcy	4/1
		more space is needed, vn). Answer every que		this form. On the top of any	/ additional pages, write you	ır name and case
Part 1	Give	Details About Your Ma	rital Status and Where You	ı Lived Before		
1. W	hat is yo	ur current marital statu	ıs?			
	Marrie Not ma					
2. Dı	uring the	last 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. L	ist all of the places you l	ived in the last 3 years. Do n	ot include where you live now	:	
D	ebtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	l No l Yes. M	lake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Expla	ain the Sources of You	r Income			
Fil	ll in the to	tal amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
		ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$6,790.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Debtor 1 Cheryl A Westall

	Debtor 1		Debtor 2			
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
For last calendar year: (January 1 to December 31, 2015 )	■ Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips			
	☐ Operating a business		☐ Operating a business			
For the calendar year before that: (January 1 to December 31, 2014)	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips			
	☐ Operating a business		☐ Operating a business			

Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Interest / Dividends	\$75.00		
	Roommate Contribution	\$8,400.00		
For last calendar year: (January 1 to December 31, 2015)	Roommate Contribution	\$8,400.00		
For the calendar year before that: (January 1 to December 31, 2014)	Roommate Contribution	\$8,400.00		

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6.	Are either	Debtor 1	's or	Debtor	2's	debts	primarily	consumer	debts?
----	------------	----------	-------	--------	-----	-------	-----------	----------	--------

□ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

#### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony.	tners; relatives of any gene control, or owner of 20% or	eral partners; partners of their voting	erships of which you	ou are a genera ny managing a	al partner; corporations agent, including one for
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  No		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury a modifications, and contract disputes.					
	☐ No ■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
	DEPARTMENT OF REVENUE V CHERYL WESTALL (E-CASE) 10SL-MC08810	CC Cert of Lien - DOR Taxes	St. Louis Coun	ty	☐ Pending ☐ On appe ☐ Conclud	eal
					Satisfied	
	DOR-CE V CHERYL A WESTALL (E-CASE) 16SL-MC09856	CC Cert of Lien - DOR Taxes	St. Louis Coun	ty	☐ Pending ☐ On appe	eal
					Other Fina	al Disposition
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.		rty repossessed, f	oreclosed, garni	shed, attached	d, seized, or levied?
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property  Explain what happened	ı	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca	tcy, did any creditor, incl		nancial institutio	n, set off any a	amounts from your
	☐ Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount

Official Form 107

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12.	Within 1 year before you filed for bankr court-appointed receiver, a custodian,		as any of your property in the possession of an er official?	assignee for the bene	efit of creditors, a
	■ No				
	☐ Yes				
Par	t 5: List Certain Gifts and Contributio	ons			
13.	Within 2 years before you filed for bank	cruptcy, c	did you give any gifts with a total value of more t	than \$600 per person	?
	■ No				
	☐ Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$6 per person	600	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	d			
14.	Within 2 years before you filed for bank ■ No	cruptcy, c	did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or	contribut	ion.		
	Gifts or contributions to charities that more than \$600 Charity's Name	total	Describe what you contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Co	de)			
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankr or gambling?  ■ No □ Yes. Fill in the details.	uptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaste
	Describe the property you lost and	Descri	be any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	los
Pai	t 7: List Certain Payments or Transfe	rs			
16.	consulted about seeking bankruptcy or	r prepari	id you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require	, ,	rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount o paymen
	The Kline Law Firm, LLC 125 North Main Street Suite 100 Saint Charles, MO 63304 leigh@klinelawstl.com		Attorney Fees	12/2016	\$295.00

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Debtor 1 Cheryl A Westall

17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that your No	ors or to make payments		alf pay or transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value transferred	alue of any property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your I Include both outright transfers and transfers minclude gifts and transfers that you have alrea  No Yes. Fill in the details.	business or financial affa nade as security (such as	airs? the granting of a security		
		5			<b>5</b>
	Person Who Received Transfer Address	Description and v property transfer	red pa	escribe any property or yments received or debts id in exchange	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-particle No □ Yes. Fill in the details.		ny property to a self-se	ttled trust or similar device	of which you are a
		December the second of			Data Tanas fan anna
	Name of trust	Description and V	alue of the property tr	ansterred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Ir	nstruments, Safe Deposi	t Boxes, and Storage l	Jnits	
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of dep		
	Yes. Fill in the details.				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	r bankruptcy, any safe	deposit box or other depos	itory for securities,
	■ No				
	☐ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		ibe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	r home within 1 year be	efore you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		ibe the contents	Do you still have it?

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Debtor 1 Cheryl A Westall

Par	t 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	rty you bo	orrowed from, are storing fo	r, or hold in trust
	No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describ	e the property	Value
Pai	t 10: Give Details About Environmental Information	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	• .		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whe	ther you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, h	nazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they oc	curred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under o	r in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		ironmental law, if you w it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		ironmental law, if you w it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	ironment	al law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature (	of the case	Status of the case
Pai	t 11: Give Details About Your Business or Con	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the f	following connections to an	y business?
	■ A sole proprietor or self-employed in a	trade, profession, or other activity	, either fu	III-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)		
	☐ A partner in a partnership				
	☐ An officer, director, or managing execut	tive of a corporation			
	☐ An owner of at least 5% of the voting or	equity securities of a corporation			

Case 16-48835 Doc 12 Filed 12/27/16 Entered 12/27/16 16:28:58 Main Document Pg 30 of 46 Case number (if known) 16-48835 Debtor 1 Cheryl A Westall ■ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed **CAD Drafting CAD Drafting** EIN: 211 West Old Watson Road From-To ? - Present Saint Louis, MO 63119 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cheryl A Westall **Cheryl A Westall** Signature of Debtor 2 Signature of Debtor 1 Date December 23, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

☐ Yes

Fill in this inform	nation to identify your case:
Debtor 1	Cheryl A Westall
Debtor 2 (Spouse, if filing)	
United States B	sankruptcy Court for the: Eastern District of Missouri
Case number (if known)	16-48835

Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:								
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
<ul> <li>2. Disposable income is determined under 11</li> <li>U.S.C. § 1325(b)(3).</li> </ul>								
☐ 3. The commitment period is 3 years.								
4. The commitment period is 5 years.								
☐ Check if this is an amended filing								

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		•	•							
Par	t 1: Calculate Your Average Monthly Incom	е								
1.	What is your marital and filing status? Check	one c	only.							
	■ Not married. Fill out Column A, lines 2-11.									
	☐ Married. Fill out both Columns A and B, lines	2-11								
1 th	ill in the average monthly income that you received fr 01(10A). For example, if you are filing on September 15, the fee 6 months, add the income for all 6 months and divide the pouses own the same rental property, put the income from	the 6- he tota	month peri al by 6. Fill	od would in the re	l be Ma sult. Do	arch 1 throu o not includ	ıgh Aug le any i	gust 31. If the amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
							Colur Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, over payroll deductions).	rtime	, and cor	nmissio	ons (b	efore all	\$	1,131.67	\$	
3.	<b>Alimony and maintenance payments.</b> Do not in Column B is filled in.	nclud	e paymer	nts from	a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regular of you or your dependents, including child suffrom an unmarried partner, members of your hou and roommates. Include regular contributions fro filled in. Do not include payments you listed on lire	ppor seho m a s	r <b>t.</b> Include ld, your d	regular epende	contr	ibutions arents,	\$	700.00	\$	
5.	Net income from operating a business, profession, or farm		Debtor	1						
	Gross receipts (before all deductions)	\$			8.00	-				
	Ordinary and necessary operating expenses	-\$		20	0.00	_				
	Net monthly income from a business, profession, or farm	\$		2,04	8.00	Copy here -> S	\$	2,048.00	\$	
6.	Net income from rental and other real propert	у	Debtor	-						
	Gross receipts (before all deductions)		\$	0.00						
	Ordinary and necessary operating expenses		<b>-</b> \$	0.00	_					
	Net monthly income from rental or other real prop	erty	\$	0.00	Copy	y here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

					Column A Debtor 1		Column B Debtor 2 or non-filing s			
7.	Inter	rest, dividends, and royalties			\$	8.33	\$			
8.	Une	mployment compensation			\$	0.00	\$			
	the S	not enter the amount if you contend that the amount Social Security Act. Instead, list it here:		t under						
	Fo	or you \$ or your spouse \$	0.0	00						
9.		<b>sion or retirement income.</b> Do not include any amo efit under the Social Security Act.	ount received that was	s a	\$	0.00	\$			
10.	Do n rece dom	ome from all other sources not listed above. Special include any benefits received under the Social Serived as a victim of a war crime, a crime against hum estic terrorism. If necessary, list other sources on a subselow.	ecurity Act or payment anity, or international	ts or	œ.		¢.			
					\$	0.00	\$			
		T-1-1			\$	0.00	\$			
		Total amounts from separate pages, if any.		+	\$	0.00	\$			
11.		culate your total average monthly income. Add lin n column. Then add the total for Column A to the total		\$	3,888.00	+ -		= \$	3,888.00	
Part	2:	Determine How to Measure Your Deductions f	rom Income						Il average hthly income	
12.	Сор	y your total average monthly income from line 1	l.					\$	3,888.00	
13.	Calc	culate the marital adjustment. Check one:								
		You are not married. Fill in 0 below.								
		You are married and your spouse is filing with you.	Fill in 0 below.							
		You are married and your spouse is not filing with y								
		Fill in the amount of the income listed in line 11, Co dependents, such as payment of the spouse's tax li	ability or the spouse's	suppor	t of someone	other tha	an you or your	depende	nts.	
		Below, specify the basis for excluding this income a adjustments on a separate page.	and the amount of inco	ome dev	oted to each	purpose.	If necessary,	list additi	onal	
		If this adjustment does not apply, enter 0 below.		<b>c</b>						
				\$ — \$		_				
				+\$		_				
					0.00	_			0.00	
		Total		\$	0.00	Col	py here=>		0.00	
14.	Yo	ur current monthly income. Subtract line 13 from	line 12.					\$	3,888.00	
15.		Iculate your current monthly income for the year	Follow these steps:						2 000 00	
	15a	a. Copy line 14 here=>						\$	3,888.00	
		Multiply line 15a by 12 (the number of months in	a year).					<b>x</b> 1	2	
	15b	b. The result is your current monthly income for the	year for this part of th	e form.				\$4	6,656.00	

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

16	. Calculate the median far	nily income that applies to you	. Follow these steps:			
	16a. Fill in the state in whi	ch you live.	МО			
	16b. Fill in the number of p	people in your household.	1			
	To find a list of applic	nily income for your state and siz cable median income amounts, gorm. This list may also be availab	o online using the link spec		\$	44,433.00
17	. How do the lines compa	re?				
		ss than or equal to line 16c. On 325(b)(3). <b>Go to Part 3.</b> Do NO				
	1325(b)(3). <b>G</b>	ore than line 16c. On the top of to Part 3 and fill out Calcula monthly income from line 14 abo	tion of Your Disposable In			
Par	t 3: Calculate Your Co	mmitment Period Under 11 U.	S.C. § 1325(b)(4)			
18.	Copy your total average	monthly income from line 11 .			\$	3,888.00
19.		etment if it applies. If you are m the commitment period under 11 to the amount from line 13.	arried, your spouse is not fil	ing with you, and you		
	19a. If the marital adjustm	ent does not apply, fill in 0 on lin	e 19a.		<b>-</b> \$	0.00
	19b. Subtract line 19a fro	om line 18.			\$	3,888.00
20.	Calculate your current m	nonthly income for the year. F	ollow these steps:			
	20a. Copy line 19b				\$	3,888.00
		umber of months in a year).			×	12
		,				12
	20b. The result is your cur	rent monthly income for the yea	for this part of the form		\$	46,656.00
	20c. Copy the median fam	nily income for your state and siz	e of household from line 16	с	\$	44,433.00
	21. How do the lines co	ompare?			L	
	Line 20b is less period is 3 years	than line 20c. Unless otherwise s. Go to Part 4.	ordered by the court, on the	e top of page 1 of this form, chec	ck box 3, Ti	he commitment
		e than or equal to line 20c. Unles riod is 5 years. Go to Part 4.	s otherwise ordered by the	court, on the top of page 1 of th	is form, ch	eck box 4, The
Par	t 4: Sign Below					
	By signing here, under per	nalty of perjury I declare that the	information on this stateme	ent and in any attachments is tru	e and corre	ect.
)	/ /s/ Cheryl A Westall					
	Cheryl A Westall					
	Signature of Debtor 1	M6				
	Date December 23, 20 MM / DD / YYYY	710				
	If you checked 17a, do NO	OT fill out or file Form 122C-2.				
	If you checked 17b, fill out	Form 122C-2 and file it with this	form. On line 39 of that for	m, copy your current monthly in	come from	line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Fill in	this info	ormation to id	lentify you	r case:											
Debto	or 1	Cheryl A V	Vestall					_							
Debto	r 2														
	יי ∠ ise, if filin	a)						-							
	·	37 Bankruptcy Co	urt for the:	Eastern	District of	Missouri									
(if kno	number	16-48835						-		□ Ch	eck if t	his is a	an amen	ded fil	ina
(II KIIC	) (VIII)									_ 0	oon ii t	1110 10 0		aoa	9
Officia	ıl Form 1	22C-2													
		13 Calc	ulatio	n of Y	our D	)ispo	sable	Inc	come						04/16
		form, you will Period (Officia			ed copy o	of Chapte	er 13 Statei	ment	of Your C	urrent Mon	thly Inc	ome ar	nd Calcui	ation	of
space	is neede	e and accurated, attach a se es, write your	eparate sh	et to this	form, Inc	lude the									
Part 1	: Ca	Iculate Your I	Deduction	s from Yo	ur Income	9									
the	questio	I Revenue Se ns in lines 6-1 may also be	5. To find	the IRS s	tandards,	go onlin	ne using th								
exp	enses if	expense amou they are highed d do not deduc	r than the s	tandards.	Do not inc	clude any	operating e	exper	nses that yo	u subtracte	d from i	ncome			
If yo	our expe	nses differ fron	n month to	month, en	ter the ave	erage exp	ense.								
Not	te: Line n	umbers 1-4 ar	e not used	in this forn	n. These n	numbers a	apply to info	ormat	tion required	d by a simila	ar form u	ised in	chapter 7	cases	i.
5.	The nu	mber of peop	le used in	determin	ing your d	deductio	ns from inc	come	9						
	plus the	ne number of pe number of an nber of people	ny additiona	ıl depende									1		
Nat	tional St	andards	You m	ust use the	e IRS Natio	onal Stan	ndards to an	nswer	r the questic	ons in lines (	6-7.				
6.		clothing, and rds, fill in the d						red in	n line 5 and	the IRS Nat	ional		\$		570.00
7.	the dol people	pocket health ar amount for who are 65 or than this IRS a	out-of-pock olderbeca	et health on the contract of t	care. The r r people ha	number o ave a high	of people is her IRS allo	split i wand	into two cat ce for health	egoriespe	ople who	o are ui	nder 65 a	nd	

Debtor 1 Chervl A Westall Case number (if known) 16-48835

People who are under 65 years of age  7a. Out-of-pocket health care allowance per person \$ 54  7b. Number of people who are under 65 X 1  7c. Subtotal. Multiply line 7a by line 7b. \$ 54.00 Copy here  People who are 65 years of age or older  7d. Out-of-pocket health care allowance per person \$ 130  7e. Number of people who are 65 or older X 0  7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here  7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards to bankruptcy purposes into two parts:  Housing and utilities - Insurance and operating expenses	Copy total here=> \$ 54.00
7b. Number of people who are under 65	e=> \$0.00
7c. Subtotal. Multiply line 7a by line 7b.  People who are 65 years of age or older  7d. Out-of-pocket health care allowance per person \$ 130    7e. Number of people who are 65 or older \$ 0.00    7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00    7g. Total. Add line 7c and line 7f    Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards bankruptcy purposes into two parts:	e=> \$0.00
People who are 65 years of age or older  7d. Out-of-pocket health care allowance per person \$ 130  7e. Number of people who are 65 or older X 0  7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy her  7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards bankruptcy purposes into two parts:	e=> \$0.00
7d. Out-of-pocket health care allowance per person \$ 130  7e. Number of people who are 65 or older X 0  7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy her  7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards bankruptcy purposes into two parts:	Copy total here=> \$
7e. Number of people who are 65 or older X 0  7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy her  7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards bankruptcy purposes into two parts:	Copy total here=> \$
7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy her  7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standards bankruptcy purposes into two parts:	Copy total here=> \$
7g. Total. Add line 7c and line 7f \$ 54.00  Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standbankruptcy purposes into two parts:	Copy total here=> \$
Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standbankruptcy purposes into two parts:	
Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standbankruptcy purposes into two parts:	lard for housing for
bankruptcy purposes into two parts:	lard for housing for
January January San January Sa	
■ Housing and utilities - Mortgage or rent expenses	
To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go separate instructions for this form. This chart may also be available at the bankruptcy clerk's 8. Housing and utilities - Insurance and operating expenses: Using the number of people you in the dollar amount listed for your county for insurance and operating expenses.	office.
9. Housing and utilities - Mortgage or rent expenses:	
9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.	\$962.00
9b. Total average monthly payment for all mortgages and other debts secured by your home.	
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.	
Name of the creditor Average monthly payment	
Midland Funding LLC \$ 125.69	
MO Department of Revenue \$ 46.95	
MTGLQ Investors, L.P. \$ 1,405.08	
9b. Total average monthly payment \$1,577.72 Copy here=>	-\$ Repeat this amount on line 33a.
9c. Net mortgage or rent expense.	
Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.	0.00   Copy here=> \$0.00
10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housir affects the calculation of your monthly expenses, fill in any additional amount you claim.	

Explain why:

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

11.	Loca	al tra	nsport	tation	expens	es: Check	the num	nber of vehic	les for which you cl	aim ar	n ownersh	ip or operat	ing ex	kpense.		
	□ 0. Go to line 14.															
	□ 1	. Go	to line	12.												
	<b>1</b> 2	or m	ore. G	o to line	e 12.											
12.									and the number of your Census region						\$	0.00
13.	You	may	not cla		expense				Standards, calculat or lease payments o							
Vel	nicle	1	Desci	ribe Ve	hicle 1:											
13a.	Own	ershi	ip or lea	asing c	osts usi	ng IRS Lo	cal Stan	dard			\$	0.00	)			
13b.	Aver	age ı	monthly	y paym	ent for a	all debts s	ecured b	y Vehicle 1.					_			
	Do n	ot in	clude c	osts fo	r leased	l vehicles.										
	are o	contra	actually	due to		ecured cr			3e, add all amount hs after you file for	s that						
		Nam	ne of e	ach cr	editor fo	or Vehicle	<b>=</b> 1		Average monthly payment	′						
									\$							
	-				Total	Average l	Monthly	Payment	\$		Copy here =>	-\$	0.0	Repea amour line 33	nt on	
13c.					•	se expens		ess than \$0,	enter \$0		\$	0.00	, v	Copy net dehicle 1 expense		0.00
Vel	nicle	2	Desci	ribe Ve	hicle 2:								_			
13d.	Own	ershi	ip or lea	asing c	osts usi	ng IRS Lo	cal Stan	dard			\$	0.00	_			
13e.			monthly chicles.		ent for a	all debts s	ecured b	y Vehicle 2.	Do not include cos	ts for						
		Nam	ne of e	ach cr	editor fo	or Vehicle	e 2		Average monthly payment	′						
									\$							
					Total	average r	monthly	payment	\$		Copy here => -\$ _	(		Repeat th amount o 33c.		
13f.					•	se expens . if this nu		ess than \$0,	enter \$0		\$	0.00	V e	Copy net /ehicle 2 expense :>	2	0.00
14.									in line 11, using th whether you use p				l in th	ne	\$	0.00
15.	also	dedu	ıct a pu	ublic tra	ansporta	tion exper	nse, you		or more vehicles ir hat you believe is the ortation.						\$	0.00

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

	er Necessary Expenses	In addition to the expense the following IRS categoria		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, so	cial security taxes, and Medowever, if you expect to recome the total monthly amou	dicare taxes. ceive a tax re	You may ind efund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	0.00
17.	Involuntary deductions: contributions, union dues,	The total monthly payroll de	eductions tha	at your job re	quires, such as retirement		
			job, such as	voluntary 40	1(k) contributions or payroll savings.	\$_	0.00
18.	filing together, include payi	ments that you make for yo or life insurance on your de	ur spouse's	term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00
19.	<ul> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</li> </ul>						0.00
20.	Education: The total mont		•		Ğ		
	as a condition for your j	•				•	0.00
04		, , , ,		•	ation is available for similar services.	\$_	0.00
21.	Do not include payments for			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						2.22
	Payments for health insura					\$_	0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						0.00
	24. Add all of the expenses allowed under the IRS expense allowances.						
24.		llowed under the IRS exp	pense allow	ances.		\$	1,065.00
	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction	·	deductions	allowed by th	ne Means Test. s listed in lines 6-24.	\$	1,065.00
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disabil	ns These are additional Note: Do not include ity insurance, and health	deductions any expens	allowed by the allowances	ne Means Test. s listed in lines 6-24. sess. The monthly expenses for health ly necessary for yourself, your spouse, o		1,065.00
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disabilinsurance, disability insurance	ns These are additional Note: Do not include ity insurance, and health	deductions any expens	allowed by the allowances	s listed in lines 6-24.  ses. The monthly expenses for health		1,065.00
Add	Add lines 6 through 23. itional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.	ns These are additional Note: Do not include ity insurance, and health	deductions any expens savings acc	allowed by the allowances count expending reasonab	s listed in lines 6-24.  ses. The monthly expenses for health		1,065.00
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disabilinsurance, disability insura your dependents.  Health insurance	ns These are additional Note: Do not include ity insurance, and health	deductions any expens savings accounts that a	allowed by the allowances count expense reasonab	s listed in lines 6-24.  ses. The monthly expenses for health		1,065.00
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance	ns These are additional Note: Do not include ity insurance, and health	deductions any expens savings accounts that a	allowed by the allowances count expense reasonab  0.00  0.00	s listed in lines 6-24.  ses. The monthly expenses for health		0.00
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account	These are additional Note: Do not include ity insurance, and health nce, and health savings actions are total amount?	deductions any expens savings accounts that a	allowed by the allowances count expensive reasonabe 0.00 0.00 0.00	s listed in lines 6-24.  ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disabili insurance, disability insura your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this	These are additional Note: Do not include ity insurance, and health nce, and health savings actions are total amount?	deductions any expens savings accounts that a	allowed by the allowances count expensive reasonabe 0.00 0.00 0.00	s listed in lines 6-24.  ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
<b>Add</b> 25.	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reas	These are additional Note: Do not include ity insurance, and health nce, and health savings actional amount?  To the care of household conable and necessary care of your immediate family was not included.	savings accounts that a  \$  \$  *  *  *  *  *  *  *  *  *  *  *	allowed by the allowances count expensive reasonable 0.00 0.00 0.00 0.00 0.00 embers. The rt of an elder et to pay for s	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r	
Add 25.	Add lines 6 through 23.  itional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reasyour household or member include contributions to an  Protection against family	These are additional Note: Do not include ity insurance, and health nce, and health savings actually spend?  To the care of household conable and necessary care of your immediate family vaccount of a qualified ABLI violence. The reasonably	savings accounts that a  \$  \$  *  or family me and suppowho is unable program. 2  necessary medical processory medical program. 2	allowed by the allowances count expense reasonable 0.00 0.00 0.00 0.00 0.00 embers. The rt of an elder et to pay for set to U.S.C. § 5 nonthly expe	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r\$	0.00

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Debtor 1 Cheryl A Westall Case number (if known) 16-48835

10101	Olici yi A Westali	Gase number (# 1475)		10 70	000		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operation	ng exp	enses	on		
	If you believe that you have home energy on 8, then fill in the excess amount of home er	osts that are more than the home energy costs included in nergy costs	exper	ises or	n line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the ary.	additio	onal		\$	0.0
		Iren who are younger than 18. The monthly expenses (nependent children who are younger than 18 years old to att					
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the already accounted for in lines 6-23.	he amo	ount			
	* Subject to adjustment on 4/01/19, and evo	ery 3 years after that for cases begun on or after the date of	of adjus	stment		\$	0.0
		he monthly amount by which your actual food and clothing allowances in the IRS National Standards. That amount of s in the IRS National Standards.					
		ional allowance, go online using the link specified in the se so be available at the bankruptcy clerk's office.	eparate	•			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.0
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form of onization. 11 U.S.C. § 548(d)(3) and (4).	cash o	r finan	cial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	0.00
Dedu	uctions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgages, 33a through 33e.	vehicl	е			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each sec nkruptcy. Then divide by 60.	cured				
	Mortgages on your home					Average paymer	e monthly
33a.	Copy line 9b here			=	=> :	\$	1,577.72
	Loans on your first two vehicles						
33b.	Copy line 13b here			=	=> :	\$	0.00
33c.					=> :	\$	0.00
33d.	List other secured debts:						
		i	Does p include or insu	taxes			
		1	□ N	0			
	-NONE-		□ Y	es	9	S	
		1	□ N	0			
			□ N		9	8	
			□ Y	es	\$	S	
				es o		·	
			□ Y	es o	+ 9	·	

Pg 39 of 46 Cheryl A Westall Case number (if known) 16-48835 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt		Total cure amount			onthly mount	cure
MTGLQ Investors, L.P.	211 West Old Watson Road Saint Louis, MO 63119 Saint Louis County	\$	35,000.00	÷ 60 =	= \$		583.33
		\$ \$		÷ 60 =			
	Tota	al	\$583.33	to	opy tal ere=>	\$	583.33

- 35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.
  - No. Go to line 36.
  - Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims 0.00

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

2.161.05

Copy total

here=>

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

### **Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS 1,065.00 expense allowances Copy line 32, All of the additional expense deductions \$ Copy line 37, All of the deductions for debt payment +\$ 2,161.05

Total deductions..... \$

-		]
i	3,226.05	Copy total here=

0.00

3,226.05 \$

0.00

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.  40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, to ster care payments, or disability perpendent child. From 122C-1, that you necessary to be expended for such child.  41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 382(b)(19).  42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here ⇒ \$ 3,226.05  43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trusted a detailed explanation of the special circumstances and documentation for the expenses.  44. Total adjustments. Add lines 40 through 43. ■ \$ 3,226.05  45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.    46. Change in Income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case while open, fill in the Information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase courred, and fill in the amount of the increase.  40. Total 8 Reason for change   Date of change   Increase or decrease   1	Part 2: De	termine You	r Disposable Income Under 11 U.S.	C. § 1325(b)(2	)				
children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part of Form 122C-1 in that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.  41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from vages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 548 (b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).  42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here						l.		\$ 3,888.0	00
employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 341(6)(7) jubs all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).  42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$\infty\$ 3, 3,226.05  43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case rutslee a detailed explanation of the special circumstances and documentation for the expenses.  Describe the special circumstances  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	childrer disability received	<ul> <li>The monthly payments for accordance</li> </ul>	y average of any child support payme r a dependent child, reported in Part I se with applicable nonbankruptcy law	nts, foster care of Form 122C	payments, or -1, that you		\$ <b>0</b>	.00	
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.    Describe the special circumstances	employe in 11 U.S specified	er withheld from S.C. § 541(b)( d in 11 U.S.C.	m wages as contributions for qualified (7) plus all required repayments of loa § 362(b)(19).	I retirement pla ns from retiren	ins, as specified nent plans, as		\$0	.00	
expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must glue your case trustee a detailed explanation of the special circumstances and documentation for the expenses.    Amount of expense   S	42. Total of	all deduction	ns allowed under 11 U.S.C. § 707(b)	(2)(A). Copy li	ne 38 here=	=>	\$3,226	.05	
Total \$ 0.00   Copy here=> \$ 0.00    44. Total adjustments. Add lines 40 through 43.   => \$ 3,226.05   here=> -\$ 3,226.05    45. Calculate your monthly disposable income under \$ 1325(b)(2). Subtract line 44 from line 39.   \$ 661.95    46. Change in Income or Expenses  46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase or decrease?    122C-1	expense their exp	es and you ha benses. You n	ve no reasonable alternative, describe nust give your case trustee a detailed	e the special ci	rcumstances a	nd			
\$ \$ Total \$ 0.00   Copy here=> \$ 0.00  44. Total adjustments. Add lines 40 through 43.	Describe th	e special cir	cumstances	,	Amount of exp	ense	Э		
Total \$ 0.00   Copy here=> \$ 0.00    44. Total adjustments. Add lines 40 through 43.				\$			_		
Total \$ 0.00   Copy here=> \$ 0.00    44. Total adjustments. Add lines 40 through 43.				·			_		
44. Total adjustments. Add lines 40 through 43. => \$ 3,226.05   Copy here=> -\$ 3,226.05    45. Calculate your monthly disposable income under \$ 1325(b)(2). Subtract line 44 from line 39. \$ 661.95    46. Change in Income or Expenses  46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase or decrease?    122C-1							_		
44. Total adjustments. Add lines 40 through 43.     Salat 3:   Salat 3:				Total \$	0.00		• •	0.00	
Change in Income or Expenses  46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.  Form Line Reason for change Date of change Increase or decrease?    122C-1	44. Total ad	ljustments. A	odd lines 40 through 43.		=>	\$	3,226.05	1	05
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.  Form Line Reason for change Date of change Increase or decrease?    122C-1	45. Calcula	te your mont	hly disposable income under § 132	. <b>5(b)(2).</b> Subtra	act line 44 from	line	39.	\$661.95	-
have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.    Date of change	Part 3: Ch	ange in Inco	me or Expenses						
122C-1	have cha time you you filed	anged or are varing anged or are valued or a	virtually certain to change after the da open, fill in the information below. Fo , check 122C-1 in the first column, en	te you filed you r example, if th ter line 2 in the	ur bankruptcy p ne wages report second columi	etitic ted ir n, ex	on and during the ncreased after		
□ 122C-2       □ Decrease       \$         □ 122C-1       □ Increase       \$         □ 122C-2       □ Decrease       \$         □ 122C-2       □ Decrease       \$         □ 122C-2       □ Decrease       \$         □ 122C-1       □ Increase	Form	Line	Reason for change		Date of change	е		Amount of change	
	☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2						☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease	\$	
								\$	

Debtor 1 Cheryl A Westall Case number (if known) 16-48835

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.  /s/ Cheryl A Westall Cheryl A Westall Signature of Debtor 1
Date	December 23, 2016  MM / DD / YYYY

Cheryl A Westall Debtor 1

Case number (if known) 16-48835

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2016 to 11/30/2016.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

6 Months Ago:	06/2016	\$0.00
5 Months Ago:	07/2016	\$1,870.00
4 Months Ago:	08/2016	\$1,207.50
3 Months Ago:	09/2016	\$885.00
2 Months Ago:	10/2016	\$2,527.50
Last Month:	11/2016	\$300.00
	Average per month:	\$1,131.67

### Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Roommate Contribution Constant income of \$700.00 per month.

### Line 5 - Income from operation of a business, profession, or farm

Source of Income: CAD Drafting Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	06/2016	\$2,278.00	\$200.00	\$2,078.00
5 Months Ago:	07/2016	\$2,262.00	\$200.00	\$2,062.00
4 Months Ago:	08/2016	\$2,286.00	\$200.00	\$2,086.00
3 Months Ago:	09/2016	\$2,247.00	\$200.00	\$2,047.00
2 Months Ago:	10/2016	\$2,223.00	\$200.00	\$2,023.00
Last Month:	11/2016	\$2,192.00	\$200.00	\$1,992.00
_	Average per month:	\$2,248.00	\$200.00	
			Average Monthly NET Income:	\$2,048.00

Line 7 - Interest, dividends, and royalties

Source of Income: Stock Dividend Constant income of \$8.33 per month.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$245	5	filing fee	
\$75	5	administrative fee	
+ \$15	5_	trustee surcharge	
\$335	5	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations.

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.